2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

ANNOAL KEPOKI						
DOCUMENT # P9300 1. Entity Name VONSCHMELING TAEKWON						
Principal Place of Business	Mailing Address					
2175 ALOMA AVENUE WINTER PARK, FL 32792	1850 W. FAIRBANKS AVE. Suite B Winter Park, Fl. 32789	US				

			GOO WE IN			
Principal Place 2175 ALOMA WINTER PARI	AVENUE	Mailing Address 1850 W. FAIRBANKS AVE. SUITE B				
		WINTER PARK, FL 32789	JS	 		
• ;	× 7.	4	ε .			
. , n	O NOT WRITE	IN THIS SDA	CE	04022008	No Chg-P	CR2E034 (11/05)
U	O NOI WRITE	IN THIS SEA	GE .	4. FEI Number 59-3171		Applied For Not Applicable
, , , , , , , , , , , , , , , , , , ,					of Status Desired	\$8.75 Additional Fee Required
<u> ,</u>	6. Name and Address of Current Re	gistered Agent		<u> </u>		, a required
VONSCHA	AELING SERGIO		المراجعة المعارضية الما	- 50	NAT W	DITE
VONSCHMELING, SERGIO 1850 WEST FAIRBANKS AVE				NOT W		
SUITE B WINTER PARK, FL 32789		,	IN T	HIS SP	ACE	
						A Commence of the Commence of
	named entity submits this statement for the ions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	orida. I am familiar with, and accept
_	ions or registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent and	this if applicable (NOTE: Registere	sesuper erufangia fregA be	d when reinstaling)		DATE
E11	E NOWIII FEE IS \$150.00	9. Election Campaign Fina	ncing \$5	.00 May Be		
After Ma	ny 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		led to Fees		
10.	OFFICERS AND D	RECTORS	1			
TITLE NAME	D VON SCHMELING, SERGIO			and the state of t	and the	a profession of the source
STREET ADDRESS	305 TURKEY RUN			, `		S. A.
CITY-ST-ZIP	WINTER PARK, FL 32789	<u></u>	1		•	
NAME			4		Ugogg	10000000 10000000000000000000000000000
STREET ADDRESS CITY-ST-ZIP					04715708	-800.p-00. 120.00
TITLE						
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CITY-ST-ZIP				DO	NOT W	KIIE '
TITLE NAME				IN 7	THIS SE	PACE
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CITY-ST-ZIP			┨ . ,	المراجعة المراجعة		
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP					រូប ម៉ូក្រី <mark>គឺ</mark> ម៉ូតែខ្លាស់	and the second of the second
TITLE			·			which is the state of the state of
NAME STREET ADDRESS						
CITY-ST-ZIP			, ,		and the state of	A Commission of the Commission

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementance on the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other ke empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

20/104/08

407-740-6747

Daytime Phone #